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34356 7590 09/22/2004

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ASHKAN NAJAFI, P.A.
113 LAMPLIGHTER LANE
PONTE VERDA BEACH, FL 32082

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ASHKAN NAJAFI	(Depositor's name)
Ashkan Najaf	(Signature)
9/29/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,271	07/09/2003	Jim Rinaldo	353943	8200

TITLE OF INVENTION: COMBINED PORTABLE STOOL AND TOILET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	12/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILLIPS, CHARLES E	3751	004-484000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1. _____ 2. _____ 3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

10/04/2004 FFANAI3 00000003 10615271

01 FC:2501

665.00 0P

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Ashkan Najaf

Date

9/28/04

Typed or printed name _____

ASHKAN NAJAFI

Registration No.

49078

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Jim Rinaldo**

Date Mailed: **September 29, 2004**

Title: **Combined Portable Stool and Toilet**

Atty Docket No.: **353943**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

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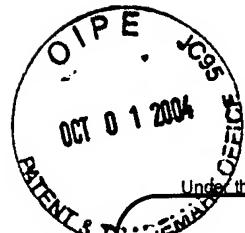
I hereby certify that the enclosed documents:

Utility Patent transmittal letter
 Design Patent transmittal letter
 Issue Fee
 Fee transmittal letter
 Specification, Claims, and Abstract (____ pages)
 ____ sheets of drawings (____ FIGS)
 Executed declaration and power of attorney
 Information disclosure statement by applicant
 Copies of cited references
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Megan A. Mims
Signature of Person Mailing Correspondence

MEGAN A. MIMS
Typed or Printed Name of Person Mailing Correspondence



PTO/SB/21 (09-04)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number	10/615, 271
Filing Date	07/09/2003
First Named Inventor	JIM RINALDO
Art Unit	3751
Examiner Name	CHARLES E. PHILLIPS

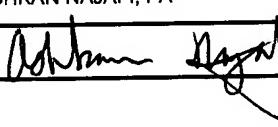
Attorney Docket Number

353943

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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
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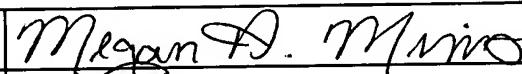
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Firm Name	LAW OFFICE OF ASHKAN NAJAFI, PA		
Signature			
Printed name	ASHKAN NAJAFI		
Date	9/29/04	Reg. No.	49078

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Typed or printed name	MEGAN A. MIMS	Date

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